Community First Choice/Personal Assistance Service

RISK NEGOTIATION FORM

Date: _____

Consumer: _____ Medicaid ID #_____

Name of person and agency completing this form:

_____

Section 1: Description of the consumer's choices or preferences that can be a potential risk to the consumer's health and welfare:

_____

_____

_____

Section 2: Description of the potential consequences of the risks to the consumer:

_____

_____

_____

Section 3: Description of formal or informal support services that can be provided that might assist consumer in mitigating the risk:

_____

_____

_____

Section 4: Description of the consumer's decisions/plans regarding choices/preferences that can be a risk to him/her:

_____

_____

_____

Distribution: White-Plan Facilitator; Yellow-Provider; Pink-Consumer; Green-SLTC

Section 5:

- ❑ Support service options (including nursing home services) have been explained to the consumer.
- ❑ The consumer understands and accepts the risks associated with his/her current CFC service plan.
- ❑ The consumer does not have a guardian and has not been declared incapacitated.
- ❑ The consumer's health and welfare cannot be assured and discharge from CFC will be implemented.

Section 6: If the consumer opts to receive services in a manner that is inconsistent with health and safety the signatures below must be gathered prior to service plan implementation.

_____ _____
Consumer/PR Signature Date

_____ _____
Provider Signature Date

_____ _____
Plan Facilitator Signature (when applicable) Date

_____ _____
Regional Program Officer Signature Date

Original in PCP file
Copy to Consumer, SLTC

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